

MINUTES
MEETING OF INPATIENT PHYSICAL REHABILITATION SERVICES
TECHNICAL ADVISORY COMMITTEE

Of the Health Strategies Council
2 Peachtree Street, Suite 34.262 , Atlanta, GA 30303

Friday, February 4, 2005
1:00 pm - 3:00 pm

Harve R. Bauguess, Chair, Presiding

MEMBERS PRESENT

Pamela Cartwright
James Coughenour
Leanne Dennis
Patricia Fraley
Brad Griffin
Charles Harman
Kathy Kleinsteuber
John Lindsey
Julia L. Mikell, M.D. (via conference call)
Dennis Skelley, FACHE
Mary Sloan, MPA
Diane Waldner
Wylene Watts
Carol Zafiratos

GUESTS PRESENT

Deborah Armstrong, Rockdale Medical Center
Saheed Ashogton, Alpha Nursing Services
Esther Bailes, SRMC
Joy Davis, Rockdale Medical Center
Bill Everse, Forst Pharm.
Leah Fressell Watkins, Powell Goldstein
Kathy Platt, Sullivan Consulting
Mary Mullin, Gwinnett Health System
Laura Wentworth, Roosevelt Institute

MEMBERS ABSENT

Donald Avery, FACHE
Edwinlyn Heyward
Jan Marie Popovich
Cheryl Williams, RN

STAFF PRESENT

Charemon Grant, JD
Richard Greene, JD
Matthew Jarrard, MPA
Robert Rozier, JD
Rathelia Stroud, JD
Stephanie Taylor

WELCOME

The Inpatient Physical Rehabilitation Services Technical Advisory Committee (TAC) meeting commenced at 1:10 pm. Harve Bauguess, Chair, welcomed members and guests and invited members to introduce themselves. He then called on Richard Greene to outline the charge of the TAC.

Mr. Greene indicated that the current State Health Plan and Rules that govern the need for and expansion of Inpatient Physical Rehabilitation Services in the State of Georgia were adopted by the Health Strategies Council (Council) in 1994. He noted that during the annual review of the Department's Certificate of Need Rules by the Council's Long Term Care Standing Committee, it was recommended that both of these documents be reviewed to ensure that they better address the needs of patients, consumers, regulators, and purchasers and reflect current industry practices. He reiterated that the TAC's work should result in two products:

- A proposed set of Rules that would provide the standards for review of Certificate of Need applications for Inpatient Physical Rehabilitation Services, and
- A corresponding State Health Plan that would outline the planning process and provide the rationale for the development of the Proposed Rules.

OVERVIEW OF INPATIENT PHYSICAL REHABILITATION SERVICES RULES

Mr. Greene called upon Robert Rozier, an attorney in the Office of General Counsel, to provide an overview of the current Inpatient Physical Rehabilitation Services Plan and Rules. Mr. Rozier said that the Department' and the Office of General Counsel/Certificate of Need Section recommend that the following considerations be included in any Proposed Rules:

- Ensure that there is a clear definition of "Inpatient Physical Rehabilitation Services", including making the determination as to whether levels of care should be incorporated into the definitions. If levels of care are recognized in the drafting of new Rules, the TAC should determine, what resource/s the Department should use to identify these levels to ensure compliance.
- Ensure that language in the TAC's Proposed Rules specifically states that the CON Rules are applicable to applicants seeking both "new" and "expanded" services. "New" and "expanded" services should be clearly defined.
- The age range for children should be clearly defined. Where possible, these definitions should parallel other age-specific definitions contained in other CON service-specific Rules.
- The need methodologies (Adult, Children and Spinal Cord Injuries) should be specifically delineated in the Plan and Rules.
- The TAC should determine whether an adverse impact statement is necessary.

- The TAC should determine minimum bed size requirements for all three provider types (adult, children, spinal cord services)
- The Proposed Rules should provide language to ensure that applicants in freestanding facilities maintain appropriate transfer agreements; delete such requirements for hospital providers.
- The Proposed Rules should ensure that hospital-wide indigent and charity care commitments are not substituted for service-specific commitments
- The Proposed Rules should provide guidance about how to resolve issues relating to facilities that are located directly across a planning area boundary.

Following his report Rob Rozier called on Matt Jarrard to provide an overview of the current numerical need methodology for Inpatient Physical Rehabilitation Services.

CHALLENGE OF CURRENT RULES: NUMERICAL NEED METHODOLOGY

Matt Jarrard summarized several documents that were included in handouts provided to TAC members (appearing in italics):

- *Georgia 2009: Projected Net Bed Need, Pediatric and Adult Comprehensive Inpatient Physical Rehabilitation Programs, Exclusive of Programs for Spinal Cord Disorders.*

Mr. Jarrard clarified that the projected hospital discharges, projected number of admissions, and the expected average Length of Stay factors that are denoted in the numerical need methodology are “fixed numbers” that are not updated or changed. He said that those numbers grew out of the previous TACs work and were generally accepted to be the standards that should be used in the calculation of the numerical need methodology. The “fixed numbers” are different for the three main services (adult, children, spinal cord) covered under the Rules/plan. The only two numbers contained in the numerical need methodology that are updated regularly are the “projected population” and the “number of current beds”. He said that the TAC should consider whether the current numerical need methodology is still appropriate for today’s healthcare environment. More specifically, he said that the TAC would need to determine whether the three “fixed numbers” should be updated/reconsidered or whether a new methodology would be more appropriate. Mr. Greene indicated that the current methodology was adopted to increase statewide capacity.

Mr. Jarrard indicated that the Department’s current numerical need methodology for pediatric and adult services indicates that there is a need for 45 rehabilitation pediatric beds, (in planning areas 1, 3 and 4 combined) but there is no numerical need for new or expanded beds for adult inpatient physical rehabilitation beds or spinal cord disorders. He noted that the numerical need methodology for comprehensive Inpatient Physical Rehabilitation Services is calculated as follows:

- Determine the projected discharges in the horizon year with each of the

diagnostic categories that might benefit from Inpatient physical rehabilitation;

- Calculate the projected number of admissions that are expected to present from each diagnostic category using an assumed demand factor;
- Using the expected average Length of Stay for cases presenting with these diagnoses, determine the number of days that would be expected for the projected admissions in the horizon year;
- Determine the projected number of inpatient rehab beds needed in the horizon year, assuming an 85% occupancy rate

- *ICD-9 Codes for Diagnostic Categories that May Benefit from Comprehensive Inpatient Physical Rehabilitation Services*

Mr. Jarrard summarized this handout noting that these ICD-9 Codes have not been updated since the Comprehensive Inpatient Physical Rehabilitation Services Plan and Rules were written in 1994. He suggested that the TAC may want to consider augmenting this list with more current ICD-9 Codes, while older codes may need to be deleted.

- *Comprehensive Inpatient Physical Rehabilitation Planning Areas and Inventory of Existing and Approved Programs*

This handout depicted a detailed map of the State of Georgia displaying the current four (4) Comprehensive Inpatient Physical Rehabilitation planning areas and an inventory of the existing and approved rehabilitation beds and programs in the state. The map shows thirty-six (36) existing comprehensive inpatient physical rehabilitation service programs around the State of Georgia.

OVERVIEW OF RESEARCH MATERIALS FROM OTHER STATES

Richard Greene called upon Stephanie Taylor to provide an overview of the research materials prepared by Department staff. Prior to discussing the research materials, Ms. Taylor reviewed the contents of member packets. She noted that in addition to materials reviewed by Mr. Jarrard other research materials were included, including the following:

- A summary of CON applications that the Department received from 1990 to 2004;
- Correspondence received by the Department from Gwinnett Health System (dated May 20, 2004) for distribution to the Inpatient Physical Rehab TAC
- Need Methodologies, Inpatient Physical Rehabilitation in Selected States, and
- Comparison of Nationwide CON Rules on Inpatient Physical Rehabilitation Services

Ms. Taylor proceeded to provide a summary of the research materials included in the TAC

member packets. She directed members to two research documents including:

- *Need Methodologies, Inpatient Physical Rehabilitation Services In Selected States*: This document provides a summary of several numerical need methodologies that are utilized by other states around the nation, including North Carolina, Virginia, New York, etc. It provides a framework for examining how other states plan for inpatient rehabilitation services, and
- *Comparison Of Nationwide CON Rules, Comprehensive Inpatient Physical Rehabilitation Services*: Ms. Taylor indicated that this document outlines all of the standards that are contained in Georgia's current Inpatient Physical Rehabilitation Services CON Rules and the corresponding language for the same standards that are contained in the CON Rules of other states for this service. She said that it is hoped that this document would provide some potential language that committee members could use to develop or refine Georgia's current standards rather than attempting to start the drafting of any Proposed Rules from scratch.

Ms. Taylor recommended that TAC members review these research documents and select the language that they feel are worthy of consideration or adoption for Georgia's CON Rules for Inpatient Physical Rehabilitation Services. Committee members requested a list of current inventory of providers in the state.

PUBLIC COMMENTS

Mr. Bauguess called on guests to provide public comments. Cathy Platt, Sullivan Consulting made public comment. She indicated that the TAC should consider the impact of the CON Rules of Short Stay General Hospital Beds on the proposed Inpatient Physical Rehabilitation Services Rules. She said that at present, existing hospital providers seeking an expansion to provide new institutional health services, including rehabilitation services must meet all standards of the Short Stay General Hospital Rules, including the numerical need standard but are not required to meet other standards of the Rules. She noted also that existing hospitals could use certain number of their short stay beds for long-term acute care.

IDENTIFICATION OF PLANNING PRINCIPLES AND GOALS FOR GEORGIA

Prior to initiating this portion of the meeting, Richard Greene thanked TAC members for their time and reminded everyone that their purpose here is to serve the citizens of Georgia. He indicated that the Department would allow any designated person to attend the meeting on the TAC member's behalf but would not allow proxy voting. He further indicated that the Department would try to facilitate conference calls to the extent possible, but encouraged members to attend the meetings whenever possible.

Mr. Greene requested that TAC members identify issues that need to be addressed in the planning and development process for of the proposed Plan and Rules for Inpatient Physical Rehabilitation Services. He suggested that TAC members review the current CON standards and identify those areas that need to be updated, deleted, or refined. Also, Mr. Greene urged members to review the research materials prepared by staff prior to the next meeting. He said that TAC members may choose to create subcommittees to work on different areas of the Proposed Rules or the TAC could collectively develop the entire document.

TAC members identified the need for additional data & information to inform their decision-making process. They developed the following list, indicating that these issues may need to be addressed during the planning and deliberation process:

- Distinguish between long term acute care beds and rehabilitation beds
- Review current reimbursement Issues
- Research and review new federal guidelines for rehabilitation services and long term acute care hospitals
 - Determine the impact of 75 % Rule
 - Local Coverage Determination (LCD)
 - (Note: Charles Harmon volunteered to provide assistance with this research, if necessary)
- Distinguish between admission criteria & definitions for sub-acute and acute rehabilitation
- Distinguish different levels of care for rehab services (how they are defined and distinguished)
- Ensure that all rehabilitation beds are inventoried. At this time, beds in state facilities are not calculated in the numerical need methodology.
- Ensure that current discharge data (by diagnostic category) is being utilized when calculating numerical need methodology
- State Health Planning Joint Questionnaire
- Examine admission criteria (by facility type)
- Appropriateness of Admission via payor source
- Financial accessibility standards should be reviewed (Indigent/Charity Care)
- Examine appropriateness of current rehab planning areas.
- Recommended that accessibility remain one of the core components of the Rules
- Proposed CON Rules represent a minimum standard of care.
- Manpower/personnel requirements are areas of critical concern, given current shortages around the nation
- Critical factors in determining numerical bed need methodology
 - ICD-9 Codes
 - Aging Population
- Explicit standards for “new” and “expanded” facilities and freestanding and inpatient units should be included in the Proposed Rules.
- Committee should distinguish between “children” & “adult” populations.

- All definitions in the current Plan and Rules should be reviewed

Ms. Taylor reminded committee members that this list is not exhaustive. Members were encouraged to augment the list at future meetings. Mr. Greene encouraged TAC members to contact Geeta Singh for further clarification on any of the research materials that were provided or to discuss additional research requests.

TAC members recommended that an invitation be extended to the Brain and Spinal Injury Trust Commission to address the Brain & Spinal Injury Trust Fund.

SCHEDULE OF UPCOMING MEETING

Following committee discussion, it was agreed that the next meeting would be held on **Friday, April 15, 2005 from 1:00 pm - 3:00 pm at the Department of Human Resources/ Board Room/29th Floor, 2 Peachtree St. NW, Atlanta, GA 30303.**

ADJOURNMENT

The Chair thanked Department staff for their work and support provided to the committee. There being no further business, the meeting adjourned at 3:00 pm.

Minutes taken on behalf of Chair by Geeta Singh and Stephanie Taylor.

Respectfully Submitted,

Harve Bauguess, Chair